

BRIGHAM CITY NURSING & REHAB  
775 NORTH 200 EAST  
BRIGHAM CITY UT 84302  
STATE'S REGION CODE: 001

PROVIDER #: 465093 FACILITY BEDS  
PHONE NUMBER: (435) 723-7777 TOTAL: 84  
PARTICIPATION DATE: 08/01/1984 CERTIFIED: 84 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/24/2005

TOTAL: 49  
MEDICARE: 9  
MEDICAID: 28  
OTHER: 12

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED: 18  
SUSPENSION RESCINDED: --

TOTAL CERTIFIED BEDS: 84

18 18/19 19 ICF/MR  
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84

CURRENT SURVEY REVISIT DATES - 05/11/2005

PRIOR 3 SURVEY 02/2002	S/S CODE	PRIOR 2 SURVEY 12/2002	S/S CODE	PRIOR 1 SURVEY 01/2004	S/S CODE	CURRENT SURVEY 02/24/2005	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	D			X C	D	04/20/2005	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X C	D	04/20/2005	REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
		X	D			X C	E	04/20/2005	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
				X	D	X C	E	04/20/2005	REQ F0241-DIGNITY
				X	D				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	D				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	D						REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
				X	D				REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
				X	D	X C	E	04/20/2005	REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
		X	D			X C	D	04/20/2005	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	E								REQ F0431-PROPER LABELING OF DRUGS & BIOLOGICALS
				X	D				REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
				X	D	X C	D	04/20/2005	REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 02/2002	PRIOR 2 SURVEY 12/2002	PRIOR 1 SURVEY 01/2004	CURRENT SURVEY 02/28/2005	PLAN/DATE OF CORRECTION
X	X	X		
			X C	04/20/2005
	X			
		X	X C	04/20/2005
		X	X F	04/20/2005
X			X C	04/20/2005
			X C	04/20/2005
	X			
	X			
			X C	04/20/2005
X				

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS  
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS  
K0025-SMOKE PARTITION CONSTRUCTION  
K0033-EXIT PARTITIONS  
K0046-EMERGENCY LIGHTING  
K0056-AUTOMATIC SPRINKLER SYSTEM  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0066-SMOKING REGULATIONS  
K0073-FLAMMABLE FURNISHINGS  
K0074-COMBUSTIBLE CURTAINS  
K0075-WASTEBASKETS  
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	7	7	4	1
HEALTH TOTAL	7	7	4	1
LIFE SAFETY CODE	6	3	4	3
LIFE SAFETY CODE + HEALTH	13	10	8	4

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
02/28/2001	SUBSTANTIATED
01/31/2002	UNSUBSTANTIATED
03/17/2003	SUBSTANTIATED
02/24/2005	SUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
03/15/2005	COMPARATIVE